

To Whom It May Concern:

Subject: Procedure for filing a complaint of misconduct by a member or employee of the Adams Police Department.

Pursuant to Section 62.13(5) of the Wisconsin Statutes you may file your complaint directly with the Chief of Police using the Department's Citizen Complaint Form. This will result in an internal investigation into the alleged misconduct.

Investigation of a filed complaint will normally be completed within thirty (30) days at which time the complainant will be provided a written disposition from the Chief of Police. If the complaint is not resolved to the satisfaction of the complainant, the complainant may either request a meeting with the Chief of Police to discuss the matter or file a written request for a hearing on the complaint with the Public Safety Committee.

You are encouraged to file your complaint in writing, and in person, with the Chief of Police of this department. You may take this form with you and complete and returned in a sealed envelope addressed to the Chief of Police. This will allow the department to obtain all necessary information to conduct a thorough and complete investigation into the complaint.

If you desire to remain anonymous, or not to file a written complaint, the information you provide will be received and documented by a department employee today and forwarded to the Chief of Police investigation.

Notice of false complaints against police misconduct. Under Section 946.66 of the Wisconsin Statutes states whoever knowingly makes a false complaint regarding the conduct of a law enforcement officer is subject to a Class A forfeiture.

Sincerely;

Todd G. Hanson
Chief of Police

Enc: APD Complaint Form

POLICE DEPARTMENT CITIZEN COMPLAINT FORM

Date:_____

1. Complainant's Name: _____
(Last) (First) (Middle)
2. Address: _____
3. Phone No.: _____ 4. Date of Birth: _____
5. Incident Date and Time: _____
6. Incident Location: _____
7. Name of accused employee, if known, or description: _____

8. Witnesses to Incident:

- (a) Name: _____
(Last) (First) (Middle)

Address: _____

Phone No.:_____

- (b) Name: _____
(Last) (First) (Middle)

Address: _____

Phone No.:_____

If necessary, add additional witness names on the back of this form.

9. Details of the Complaint: _____
- _____
- _____
- _____

I, _____, solemnly swear/affirm that the information contained herein is the truth.

Witness: _____ Date: _____ Time: _____